

Instructions to Applicants for Registration as a Radiation Machine Service Provider

Please carefully review the application form and 32Ill. Adm. Code 322 before submitting and application to be registered as a Radiation Machine Service Provider.

Return the completed application and \$100 registration fee to:

Bureau of Finance
Illinois Emergency Management Agency
1035 Outer Park Dr
Springfield, IL 62704

Your \$100 check, payable to the Illinois Emergency Management Agency, will serve as your registration fee for the remainder of the calendar year. The registration fee is nonrefundable.

You should receive confirmation of your registration from the Agency within 30 days of our receipt of the application. At such time, you will also receive a form for reporting installation of radiation producing machines. Please note that submission of the FDA Form 2579 (for medical/ dental installations) will suffice in lieu of the Agency's form.

If you have any questions, please contact either Charles Gutzman at 217-785-9921, or visit our website at www.state.il.us/idns.



**ILLINOIS EMERGENCY MANAGEMENT AGENCY-
DIVISION OF NUCLEAR SAFETY
APPLICATION FOR REGISTRATION
RADIATION MACHINE SERVICE PROVIDER**

Company Name: _____

Name and Title of Responsible Person (administrator, service manager, etc.):

(first) (m.i.) (last)

(Title)

Company Address: _____
(Number and Street)

(City) (State) (Zip)

Phone: _____ Fax: _____ Email: _____

Submitted by: _____ Date: _____

If you are applying as an individual, rather than as a corporation or other legal entity, you must provide the following information in order to complete the registration process:

Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission?

() Yes () No

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the registration and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65)

I declare that all information either included with or appearing on this application is accurate and true to the best of my knowledge.

Signature _____

Applicant's Social Security Number _____

Date _____

HEMA USE ONLY: Account # _____ RMSP# _____

Check #: _____ Amount: _____ Date: _____